

(Date)  
RN YY-###

Licensee: (Name of Licensee) (EA-YY-XXX)  
(Facility)  
 Docket No. \_\_\_\_\_

Mailing of Order	<u>(Date)</u>
Telephone Notification of Licensee	<u>(Date)</u>

OWFN _____	OWFN _____	TWFN _____	Regional Offices
Chairman _____	EDO	OCFO	RI _____ RIV _____
Comm. _____	DEDR	OP CTR	RII _____
Comm. _____	DEDMRS	NMSS	RIII _____
Comm. _____	OE	OCIO	
Comm. _____	OGC	OIG	<b><u>MAIL</u></b>
SECY	NRR	RES	<b>PUBLIC</b>
OCA	NSIR	ACRS	
PA	OI		
IP	STP		

**PRELIMINARY INFORMATION - NOT FOR PUBLIC DISCLOSURE UNTIL  
VERIFICATION THAT LICENSEE HAS RECEIVED ACTION**